

SUMMER CAMP 2014 REGISTRATION FORM

MIDDLE GRADES DAY CAMP AT LANIER

RIISING 5TH - 7TH GRADERS Please refer to "Leisure Times" for full summer camp details.

CAMPER'S NAME	Date of Birth	Gender
		M F
Address	Grade in Fall 2014	City of Fairfax Resident?
		Yes No

GUARDIAN NAME	Email	Home Phone
Address	Cell Phone	Business Phone

2nd GUARDIAN NAME	Email	Home Phone
Address	Cell Phone	Business Phone

MIDDLE GRADES DAY CAMP AT LANIER

(Time: 8:45am- 3:15pm)



FULL SUMMER (6/30-8/15, no class 7/4)	Session A (6/30-7/11, no camp 7/4)	Session B (7/14-7/25)	Session C (7/28-8/8)	Session D (8/11-8/15)
____ \$795 or ____ \$745 (paying in full at registration by Mach 1 st)	____ \$255	____ \$285	____ \$285	____ \$150

EXTENDED DAY PROGRAM

	Full Summer	Week 1 6/30-7/3	Week 2 7/7-7/11	Week 3 7/14-7/18	Week 4 7/21-7/25	Week 5 7/28-8/1	Week 6 8/4-8/8	Week 7 8/11-8/15
AM Only (7am - 8:45am)	____ \$405	____ \$48	____ \$60	____ \$60	____ \$60	____ \$60	____ \$60	____ \$60
PM Only (3:15m - 6pm)	____ \$510	____ \$60	____ \$75	____ \$75	____ \$75	____ \$75	____ \$75	____ \$75
BOTH AM & PM	____ \$850	____ \$100	____ \$125	____ \$125	____ \$125	____ \$125	____ \$125	____ \$125

Image Release: I hereby grant permission to the City of Fairfax to utilize any photograph, videotape, recording or other record of my child's participation in the program for legitimate purpose. **Please check:** ____ yes ____ no

Assumption of Risk: I certify that I am older than age 18 and/or the legal guardian of the participant. Due to strenuous nature of some activities, the Parks and Recreation Department encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant or parent/guardian consents to emergency treatment. Also, student and parent understand and expressly assume all risk of all bodily injuries and property damages which might arise from my participation in all City of Fairfax activities in the Parks and Recreation department.

I agree to all the policies and procedures as indicated in the Leisure Times and Parent Handbook

Signed: _____ **Printed:** _____ **Dated:** _____

<u>PAYMENT INFORMATION</u>	
Pay in Full Payment Plan	Check Cash Credit
Late Fee: For those who chose payment plan there will be a 14 day grace period then a \$25 per week late fee will be incurred.	
<u>CREDIT CARD INFORMATION</u>	
Name as it appears on card: _____ Card type: ____ Visa ____ Mastercard ____ AmEx ____ Discover	
Credit Card Number: _____ Expiration Date: ____/____ Security Code: _____	
Signature _____	
<input type="checkbox"/> Auto Payment Plan (I authorize the City of Fairfax to charge the credit card above for the amount due on my payment plan.) Initials _____	

All Emergency Contact/Health History Forms must be completed and handed in before June 27th 2014.
Forms can be found on www.fairfaxva.gov/parksrec.